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OCT 26 2005

PAT &amp; TRADE

Applicant(s)	Mark Anthony Howard	<b>TRANSMITTAL FORM UNDER 37 CFR 1.8 (LARGE ENTITY)</b>
Serial No.	10/724,336	
Filing Date	November 29, 2003	
Confirmation No.	9977	
Examiner Name	Lincoln D. Donovan	
Group Art Unit	2832	
Attorney Docket No.	142.009US01	
Title: SENSING APPARATUS AND METHOD		

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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FEE  
ONLY

**Enclosures**

The following documents are enclosed:

☒ An Amendment and Response Under 37 CFR 1.111 ( 18 pgs.) including the Appendix (Figures 6 and 7) (4 sheets).

☒ A Petition for Extension of Time (1 pg.).

☒ Credit Card Payment Form (PTO-2038) for the petition fee (1 pg.).

**Please charge any additional fees or credit any overpayments to Deposit Account No. 502432.**

**Submitted By**

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Signature	<i>Laura A. Ryan</i>	Date	October 24, 2005		

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**Certificate of Mailing**

I certify that this correspondence, and the documents identified above, are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 24, 2005.

Name	Elizabeth A. Bauer	Signature	<i>Elizabeth A. Bauer</i>
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**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 8, 2004

**10/724336**

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	10/26/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	43	Minus	** 43 = -
Independent	7	Minus	*** 6 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	150.00
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE	FEE
BASIC FEE	300.00
X\$50=	
X200=	
+360=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	200
+360=	
TOTAL ADDIT. FEE	200

**PAID**

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	